



STATE USE ONLY

PRWOR _____

BG Check-DOJ ____ **FBI** ____

SID _____

NR Number _____

Exp. Date _____

Training _____

40 ALS _____

Verification _____

StateCert/Lic _____

Exp. Date _____

Name

Address

[illegible][illegible]

***Social Security Number**

Date of Birth

Driver's License Number

State

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*SSN is mandatory as authorized by H&S Code, Division 2.5, section 1797.172(c). It will only be used to establish the identity of applicant and to determine if applicant is subject to denial of licensure.

National Registry Number _____ **Expiration** _____

Date _____

State(s) in which you are or were

certified/licensed

Effective and expiration dates of certificate(s)/license(s)

Date Applicant Fingerprint Cards (FD-258) mailed to the Department of Justice

(If Live Scan was used, attach the second copy of the Live Scan Applicant Submission Form.)

If known, list the name(s) and address(es) of any California EMS Provider(s) with whom you will be employed when licensed.

Have you ever been convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of nolo contendere or no contest and, including any conviction which has been expunged (set aside) or records sealed under Penal Code Section 1203.4? YES NO

Are there any criminal charges currently pending against you? YES _____ NO _____ (You must answer these questions or your application will be returned.) If yes, attach a detailed statement describing the crime(s), date, location, court, sentence served, and parole if any. You must also attach all police reports and court records.

Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked, or placed on probation, or are you under investigation at this time? YES _____ NO _____ (You must answer this question or your application will be returned.) If yes, **you must enclose** with this application a written explanation that describes the action, any corrective action, and/or remediation as a result of the action.

I hereby certify **under penalty of perjury** that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to paramedic licensure in the state of California. I understand all information on this application is subject to verification, and I hereby give my express permission for the EMS Authority to contact any person or agency for information related to my role and function as a paramedic in California.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PHONE NUMBER: Home (_____) _____ - _____ **Work** (_____) _____ - _____

Out of State Paramedic Challenge Instructions/Requirements

- Fill in all requested information on the front and back of this application and sign and date the application in ink. All incomplete applications will be returned.
- Provide documentation that National Registration is current.
- Provide documentation of current or prior state paramedic licensure or certification (not mandatory for California State Licensure).
- Provide a copy of paramedic training program completion record.
- Provide documentation of training hours that meet California requirements which includes: Didactic 320 hours, Clinical 160 hours, and Field Internship 480 hours which includes 40 Advanced Life Support (ALS) field contacts.
 - If training hours do not meet California requirements, provide evidence that the training program is meets or exceeds the U. S. Department of Transportation (DOT) paramedic curriculum requirements.
 - If 40 ALS field contacts were not included as part of initial training, you may submit a letter from an employer, training program, or medical director verifying that you have successfully completed 40 ALS field contacts. An ALS contact is the performance of one or more ALS skills, except cardiac monitoring and basic CPR, on a patient.
- Submit two (2) completed Applicant Fingerprint Cards (FD-258) for a state and federal criminal history check to the California Department of Justice (DOJ), or if you are already residing in California you may submit your fingerprints by using a Live Scan agency for submitting your fingerprints for the criminal background check. **Both fingerprint cards and a Request for Live Scan Applicant Submission form are enclosed with instructions, please read them carefully.**
- Submit pages 1 and 3 of the enclosed IS-01 form (Statement of Citizenship, Alienage, and Immigration Status) and submit it along with one piece of documentation as described on pages 4-8 of the IS-01 form.
- Complete the top portion of the *Request for Verification of EMT-Paramedic Status* and send a copy to each state in which you are or were certified/licensed. Please have them complete the bottom portion of the form and return it directly to the Emergency Medical Services Authority at the address on the bottom of the form.
- Pay all applicable fees:

Initial Application	\$100
Licensure	\$125
State Licensing Match System (SLMS)	<u>\$ 5</u>
Total	\$230

Individuals who are currently enrolled in a paramedic training program which meets or exceeds U. S. Department of Transportation standards or who are new paramedic training program graduates are not eligible to apply for licensure until they have become registered with the National Registry of EMTs.